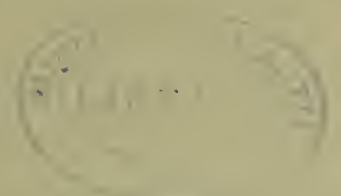


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ERPINGHAM RURAL DISTRICT COUNCIL

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Y E A R E N D E D D E C E M B E R 31 S T , 1 9 5 2 .

ERPINGHAM RURAL DISTRICT COUNCIL

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR ENDED

31ST DECEMBER, 1952.

To:

The Chairman and Members of the Erpingham Rural District Council.

I have the honour to submit to you the Annual Report of the Medical Officer of Health for the year ended 31st December, 1952.

The estimated population increased during the year from 19,230 to 19,380.

The Birth Rate of 13.7 per 1,000 of the population is lower than that for England and Wales as a whole (15.3) and the Death Rate of 12.0 per 1,000 of the population is slightly higher than the figure for England and Wales (11.3).

It was a heavy year for Measles, among infectious diseases, and there were more cases of Scarlet Fever than usual. Otherwise numbers were about the average. It was encouraging that no case of Poliomyelitis was reported during the year and that the incidence of Puerperal Pyrexia should have been so low.

No case of food poisoning was reported.

The number of cases on the Tuberculosis Register declined appreciably over the last year or two. Sixteen new cases in all were notified during the year, thirteen of them being pulmonary and three non-pulmonary.

Piped water supplies remain a most desirable item for the greater part of the area, as also does a sewerage system.

Steady progress was made with the erection of new Council houses, 68 were completed during the year.

Geographical Features.

The Erpingham Rural District lies in North Norfolk, being bounded on the north by the sea and on the east, south and west by the Smallburgh, St. Faith's & Aylsham, and Walsingham Rural Districts respectively.

The coast line of some twenty miles extends from Mundesley in the east to Cley in the west. As far as Weybourne it consists of sandy cliffs and beyond it of marshland protected by shingle beaches.

Inland the country is for the most part open with much variety of heath, woodland and land under cultivation, and few natural barriers. The climate is bracing and the rainfall low.

GENERAL STATISTICS.

Area in acres	71,099.
Population (Registrar-General's estimate)	19,380.
Number of inhabited houses	6,516.
Rateable Value...	£78,308.
Sum represented by a Penny Rate.. . . .	£318.

VITAL STATISTICS.Births.

		<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Live Births.	Legitimate.	133	120	253
	Illegitimate.	5	7	12
	Total	138	127	265

The Birth Rate is 13.7 per 1,000 of the estimated population. 4.5% of the births were illegitimate.

Still Births.	Legitimate.	2	4	6
	Illegitimate.	-	-	-
	Total	2	4	6

The Still Birth Rate is 0.31 per 1,000 of the estimated population, or 2.2% of all births.

Deaths.

The causes of Death were as follows:-

	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Tuberculosis of respiratory system.	1	1	2
Other tuberculosis	-	-	-
Syphilitic diseases	-	-	-
Diphtheria	-	-	-
Whooping Cough	-	-	-
Meningococcal Infections	-	-	-
Acute Poliomyelitis	-	-	-
Measles	-	-	-
Other infective and parasitic diseases	-	-	-
Cancer of stomach	1	1	2
" " lung and bronchial passages	6	1	7
" " breast	-	3	3
" " uterus	-	2	2
Other malignant and lymphatic growths	14	10	24
Leukaemia and aleukaemia	-	1	1
Diabetes	1	1	2
Vascular lesions of the nervous system	18	16	34
Coronary disease and angina	20	10	30
Hypertension with heart disease	3	-	3
Other heart disease	23	26	49
Other circulatory disease	6	4	10
Influenza	-	-	-
Pneumonia	4	4	8
Bronchitis	-	1	1
Other diseases of the respiratory system	-	-	-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
b/f.....	97	81	178
Ulcer of stomach and duodenum	1	2	3
Gastritis, enteritis and diarrhoea	-	2	2
Nephritis and nephrosis	1	2	3
Hyperplasia of prostate	7	-	7
Pregnancy, childbirth and abortion	-	-	-
Congenital malformations	-	1	1
Other diseases and ill-defined diseases	12	15	27
Motor vehicle accidents	4	-	4
Suicide	4	-	4
Homicide and operations of war	-	-	-
All other accidents	1	2	3
	127	105	232

The Death Rate is 12.0 per 1,000 of the estimated population.

The main categories of the causes of death, expressed as percentages of the total deaths, read as follows:-

Heart disease 35.4.

Cancer... .. 16.8.

Vascular lesions of the
nervous system.. ... 14.7.

No case was reported of a maternal death occurring in association with childbirth.

In children under one year of age seven deaths were reported, of which four occurred in the first month of life. This gives a death rate of 30.3 per 1,000 related live births (England and Wales 27.6.) in the first year of life.

Comparison of Vital Statistics.

<u>Birth Rate.</u>	<u>Year.</u>	<u>Erpingham R.D.C.</u>	<u>England & Wales.</u>
	1952	13.7	15.3
	1951	12.0	15.5
	1950	13.9	15.8
	1949	16.1	16.7
	1948	16.6	17.9
	1947	18.6	20.5
<u>Death Rate.</u>	1952	12.0	11.3
	1951	12.2	12.5
	1950	11.6	11.1
	1949	13.5	11.7
	1948	13.4	10.8
	1947	17.0	12.0
<u>Still Birth Rate.</u>	1952	0.31	0.35
	1951	0.16	0.36
	1950	0.31	0.37
<u>Maternal Mortality.</u>	1952	0.0	0.72
	1951	4.3	0.79
	1950	0.0	0.86
<u>Death Rate of Infants under one year.</u>	1952	30.3	27.6.
	1951	31.5	29.6.
	1950	26.7	29.8

INFECTIOUS DISEASE.

The following table gives the numbers of Infectious Diseases notified during the year, according to age groups:-

Disease.	Age Groups.								Total.
	Under 1.	1-2.	3-4.	5-9.	10-14.	15-24.	25.	?	
Scarlet Fever	-	-	8	33	8	-	-	1	50
Whooping Cough	4	6	15	24	2	-	3	-	54
Poliomyelitis	-	-	-	-	-	-	-	-	-
Measles	5	40	64	155	20	3	3	1	291
Acute Pneumonia	-	-	1	-	-	-	-	-	1
Dysentery	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-
Puerperal Pyrexia	-	-	-	-	-	1	-	-	1
Infective Jaundice	-	-	-	-	-	1	1	-	2
Total	9	46	88	212	30	5	7	2	399

The next table gives a comparison with the incidence in England and Wales, the first column giving the numbers notified taken from the previous table, and the second column the number of cases that would have occurred if the rate for England and Wales had applied.

<u>Disease.</u>	<u>A.</u>	<u>B.</u>
Acute Pneumonia	1	14
Diphtheria	-	.2
Erysipelas	-	3
Food Poisoning	-	3
Measles	291	172
Meningococcal Infections	-	.6
Paratyphoid Fever	-	.4
Poliomyelitis	-	2
Puerperal Pyrexia	1	7
Scarlet Fever	50	30
Smallpox	-	-
Typhoid Fever	-	-
Whooping Cough	54	51
Dysentery	-) Figures not available.
Malaria	-	
Infective Hepatitis	2	

A list of the number of cases notified, arranged according to the parishes they occurred, is as follows:-

Parish.	Meas- les.	Wh. Cough.	Sc. Fever.	Inf. Jaun.	Acute Pneu.	Erysi- pelas.	Puer. Pyrexia.	Polio.	Dysen- tery.
Alby.			4						
Aldborough.		2	11						
Antingham.	5	2							
Aylmorton.	4								
Baconsthorpe.	22								
Banningham.	5								
Barningham W.	3								
Beeston Regis.	33		4						
Bessingham.	8								
Bodham.	36								
Calthorpe.	1								
Corpusty.			2						
East Rulton.	3	1							
Edgefield.	1		1						
Erpingham.	2	1	3						
Felbrigg.	3								
Gimingham.		11							
Gresham.	11		4						
Gunton Park.	3	2							
Hanworth.			8						
Hempstead.	17								
Holt.	13	11							
Hunworth.			2						
Ingworth.	3								
Itteringham.	1		1						
Kelling.	9	1							
Lotheringsett.		3							
Lt. Barningham.	20								
Matlaske.	14	1							
Mundesley.	3	14	1						
N. Barningham.	3								
Northrepps.	9								
Overstrand.	3		1						
Plumstead.	10								
Roughton.			1						
Salthouse.	1		1						
Saxthorpe.			2	1					
Southrepps.	14	1							
Stody.					1				
Thornage.			2	1					
Thorpe Market.	2	3							
Trimingham.		1							
U. Sheringham.	7		1						
West Beckham.	13								
West Runton.	5		1				1		
Weybourne.	4								
Total	291	54	50	2	1	-	1	-	-

Taking the diseases individually it was satisfactory to find one case only of acute pneumonia reported.

With diphtheria, once again there was no notification. This is a most happy state of affairs but its continuation depends on the maintenance of a high level of immunity, and that again on the immunisation by injection of all children.

No case of food poisoning was reported.

Measles was prevalent during the year but less so than in 1950; the disease tends to occur in larger numbers in alternate years. Few parishes were exempt but those in the district south-east of Holt had the greatest number of cases. The great majority of the cases occurred in the summer half of the year. There were few complications and no deaths.

The Scarlet Fever cases occurred, as is now common, sporadically, the fifty cases being spread out over eighteen parishes. There were, however, three distinct outbreaks at Gresham, Beeston Regis and in the Aldborough area respectively. The Beeston Regis outbreak occurred in connection with an outbreak at Sheringham and fifteen cases occurred in all. The outbreak in the Aldborough district was in many respects similar to it and twenty-three cases were notified. It was necessary to close Aldborough School. As far as my information goes there were no complications.

Whooping Cough occurred mainly in three villages, two of them close together. The cases were spread out fairly evenly throughout the year. The number of cases was about average.

No case of Poliomyelitis was reported.

"Nil" returns were received for the Enteric Fevers, Dysentery, Smallpox, Meningococcal Infection and Malaria.

Tuberculosis.

Sixteen new cases were notified during the year, thirteen of them being pulmonary and three non-pulmonary. The case rates corresponding to these figures are 0.67 and 0.15 per 1,000 of the population respectively. There were, in addition, four inward transfers. There were two deaths from pulmonary tuberculosis during the year and no deaths from non-pulmonary tuberculosis. The corresponding death rates are 0.1 and 0.0 per 1,000 of the population, giving a combined rate of 0.1 for all forms of tuberculosis (England & Wales 0.24).

The number of cases on the Register on December 31st, 1952 was as follows:-

	<u>Pulmonary.</u>	<u>Non-Pulmonary.</u>	<u>Total.</u>
Male	44	7	51
Female	34	11	45
	78	18	96

The figures for previous years were:-

<u>1950.</u>	<u>Pulmonary.</u>	<u>Non-Pulmonary.</u>	<u>Total.</u>
Male	50	15	65
Female	40	15	55
Total	90	30	120

<u>1951.</u>	<u>Pulmonary.</u>	<u>Non-Pulmonary.</u>	<u>Total.</u>
Male	49	10	59
Female	40	13	53
Total	89	23	112

<u>1949.</u>	<u>Pulmonary.</u>	<u>Non-Pulmonary.</u>	<u>Total.</u>
Male	57	17	74
Female	40	13	53
Total	97	30	127

<u>1948.</u>	<u>Pulmonary.</u>	<u>Non-Pulmonary.</u>	<u>Total.</u>
Male	57	17	74
Female	37	18	55
Total	94	35	129

It can be seen that the fall in numbers evident in recent years is gathering momentum.

Food Poisoning.

No case was reported during the year, any cases investigated having proved to be other conditions.

Food and Drugs Act, Milk and Dairies Regulations, 1949. In four instances it was found necessary to serve notices on owners of cows, following the discovery of brucella abortus in the milk, requiring pasteurisation. In three cases the organism of tuberculosis was detected and similar action taken.

National Assistance Act, 1948. Section 47. No action was necessary during the year in this connection.

Anthrax. The occurrence of anthrax in animals in the district is reported to the Medical Officer of Health. Six cases were confirmed during 1952.

Housing. The building of new Council houses continued during the year. As I write there are indications that the immediate post war crisis in housing is ending and that it may shortly be possible to concentrate on the repair of existing houses and on a moderate amount of slum clearance. It is becoming a rarity to receive a complaint of serious overcrowding and I am satisfied that few such cases exist.

I have been much impressed by some of the harmful indirect effects of defective and inadequate housing; I refer in particular to the break up of the family unit on such occasions as illness and childbirth when treatment cannot be undertaken at home for these reasons, and to the possible ill effects on younger children in particular of sudden deprivation of their mother. There is evidence that these matters are more important than they have hitherto been considered to be.

PUBLIC HEALTH OFFICERS TO THE LOCAL AUTHORITY.

Medical Officer of Health. J.H.F. Norbury, M.B., B.S., M.R.C.S.,
L.R.C.P., D.P.H.

The post of Medical Officer of Health is combined with that for Cromer, Sheringham and North Walsham and with the post of Assistant County Medical Officer for Area No.2. of the County of Norfolk.

Chief Sanitary Inspector. G.L. Evatt, M.Inst.H.E., F.F.A.S.,
M.S.I.A., C.R.S.I..

Additional Sanitary Inspector. W.J.S. Pratt, C.S.I.B..

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

As a result of the National Health Service Act, which came into operation in 1948, Health Services are provided almost entirely by official bodies. There is a limited amount of private practice.

The official bodies are four in number:

- (1) The Norfolk Executive Council.
This provides the General Practitioner, Dental Pharmaceutical and Ophthalmic Services.
- (2) The Regional Hospital Board.
The country as a whole has been divided into regions and the regions into areas for administrative purposes. The Erpingham Rural District lies in the East Anglian region and the Cromer area. Cromer and District Hospital is the General Hospital for the area and provides specialist outpatient clinics for patients from anywhere within the area.

The sanatoria at Kelling, near Holt, are also administered by the Regional Hospital Board, as are the Fletcher Convalescent Home at Cromer and the Longacre Maternity Home at West Runton.

At present infectious diseases are treated at East Dereham Isolation and at Norwich Isolation Hospital.

(3) The County Council.

The County Council provides, through its various departments:-

(a) The School Medical Service.

All schools in the area are visited at least once during the year. At these visits a systematic examination of entrances 5, 8, and 10 year olds, and leavers is carried out; arrangements are made for the treatment of defects found. All children previously found to have defects are also examined, and any not otherwise due to be examined who appear to require it. Special examinations are made of handicapped children, where necessary in their homes.

Minor Ailment Clinics are held fortnightly at Cromer and Sheringham to serve these towns and surrounding districts.

Children not included in a school for any reason are also examined at home. Examination is also made of children when transport to school is believed necessary on medical grounds.

(b) The Maternity and Child Welfare Service.

An Infant Welfare Centre is held monthly at Holt and fortnightly at Cromer and Sheringham.

Village Centres are held monthly at Banningham, Corpusty, Edgefield, Gresham, Matlaske, Northrepps, Roughton, Southrepps and Trimingham. Immunisation and vaccination are carried out at all centres at least quarterly.

(c) Health Visiting.

All children under 5 are visited regularly in their homes by a Health Visitor. In most cases the duty of Health Visiting is carried out by the local District Nurse/Midwife. She also attends the Welfare Centres in her area and not infrequently assists at neighbouring ones. Children over 5 come under the supervision of the School Nurse.

(d) Midwifery.

This is performed by the District Nurse-Midwives and the general practitioner-obstetricians. In this district the Longacre Maternity Home and Beckham House are available for confinements where domiciliary confinement is considered undesirable.

(e) Home Nursing.

This is carried out by the District Nurse-Midwives under the Norfolk County Nursing Association, who act as agents for the County Council.

(f) Vaccination and Immunisation.

This is carried out by general practitioners acting for the County Council and by the Assistant County Medical Officer. In the case of children facilities are provided at the Infant Welfare Centres and, in the case of immunisation, at the schools as well.

(g) Ambulance Services.

These are carried out by the St. John's Ambulance Brigade, acting as agents for the County Council.

(h) General Measures for the prevention of Illness, Care and After-Care, including the provision of Nursing equipment.

(i) Home Helps.

(j) Mental Health Services.

(k) General Welfare Services under the supervision of the Welfare Officer.
He visits Holt, Sheringham and Cromer at stated times for interview by the public.

4. The Rural District Council.

The District Council is, as ever, responsible for the control of infectious diseases and environmental health and hygiene, acting mainly through the Medical Officer of Health and the Sanitary Inspectors.

Note. Laboratory Services are provided at the Public Health Laboratory, Bowthorpe Road, Norwich, by the Ministry of Health.

In conclusion I would like to express my thanks to the Health and Works Committee of the Council for their interest and support, to Mr. Evatt and Mr. Pratt for their invaluable help, and to Mrs. Angell for her competent production of this report, and to the office staff for their excellent co-operation.

I have the honour to be,

Your obedient servant,

J. H. F. NORBURY.

M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

SANITARY INSPECTOR'S REPORT.

Complaints received	486
Numbers detected without complaint	74
Nuisances abated	456
Notices served	181
Summonses taken out	1
Convictions	1
Factories and Bakehouses Inspections... ..	36
Filthy houses cleaned..	-
Houses disinfected	37
Overcrowding abated	10
Wells sunk or improved supplies of water... ..	4
Wells closed	-
Wells closed or repaired... ..	8
Houses connected with the sewer	47
Houses connected with water mains..	80
Improvement to sanitary conveniences... ..	21
Samples of water taken for analyses	54

Administration of the Factory and Workshops Act in connection with
Factories, Workshops and Workplaces.

1. Inspection of Factories, Workshops and Workplaces.

Inspections made by Sanitary Inspector:-

<u>Premises.</u>	<u>Inspection.</u>	<u>Written notices.</u>	<u>Prosecutions.</u>
Factories. (including Factory Laundries).	28	1	-
Workshops (including Workshop Laundries).	8	-	-
Workplaces (other than Outworkers' premises).	-	-	-

2. Defects found in Factories, Workshops and Workplaces.

<u>Particulars.</u>	<u>Number found.</u>	<u>Number of defects remedied.</u>
-	-	-
